ication No. (if known): 09/890,006

Attorney Docket No.: 05412/100E887-US2

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FEE TRANSMITTAL For FY 2005 X Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 455.00 Attorney Docket No. 05412/100E887-US2	Effectiv		Complete if Known						
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METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number. O4-0100 Deposit Account Name: Deposit Account Deposit Account Number. O4-0100 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below. except for the filling fee (s) under 37 CFR 1.16 and 1.17 FEE CALCULATION I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)	X Applicant claims small entity status. See 37 CFR 1.27			.7 Δ	Art Unit 1615				
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